## 2015 - 10 - 28 - 0M - 000M1-N9

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 OCT 28 AM 6: 42

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
THE REPUBL	I CAN PART	Y OF JIM WI	ELLS COUNTY
ADDRESS (number and street)	P.O. BOX	3184	
(Check if address is changed)			
io orangoo,	A.L. I.C.E.		TX     7.8333       STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	adminejij	nwell sqop.	C <sub>1</sub> O <sub>1</sub> M <sub>1</sub> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			extended to the control of the contr
COMMITTEE'S WEB PAGE AD	DRESS (URL)	The state of the s	
(Check if address is changed)	WWW. J. r.mW	ellagop.com	<u>, , , , , , , , , , , , , , , , , , , </u>
		· 	
2. DATE 1.0 ' 0.	9 2015		
3. FEC IDENTIFICATION N	UMBER ▶ C	0.586396	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the be	st of my knowledge and belief	it is true, correct and complete.
<b>- - - - - - - - - -</b>	Canada	OPPLIA	
Type or Print Name of Treasure	SARAH W	PERKINS	
Signature of Treasurer	Sarah Di	Perkins	Date 70 09 2015
NOTE: Submission of false, erron		n may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use		For further information Federal Election Commis Toll Free 800-424-9530	contact: FFC FORM 1